

SERIAL NUMBER <div style="text-align: center; font-weight: bold;">09/348,885</div>	FILING DATE <div style="text-align: center; font-weight: bold;">07/01/99</div>	CLASS <div style="text-align: center; font-weight: bold;">345</div>	GROUP ART UNIT <div style="text-align: center; font-weight: bold;">2772</div>	ATTORNEY DOCKET NO. <div style="text-align: center; font-weight: bold;">15-4-849.00</div>
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APPLICANT

DAVID C. TANNENBAUM, SAN JOSE, CA.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED

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**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED

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**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/28/99

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials _____</span> <span>Initials _____</span> </div>	STATE OR COUNTRY <div style="text-align: center; font-weight: bold;">CA</div>	SHEETS DRAWING <div style="text-align: center; font-weight: bold;">10</div>	TOTAL CLAIMS <div style="text-align: center; font-weight: bold;">20</div>	INDEPENDENT CLAIMS <div style="text-align: center; font-weight: bold;">3</div>
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ADDRESS

RAYMIS H KIM  
MARTINE PENILLA & KIM LLP  
~~830 WEST EVELYN AVENUE~~ *710 Lakeway Drive, Suite 170*  
SUNNYVALE CA 94086

TITLE

DUAL MODE DEVICE AND METHOD FOR GENERATING VECTOR CROSS PRODUCTS OR DOT PRODUCTS

FILING FEE RECEIVED  <div style="text-align: center; font-weight: bold;">\$760</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing F <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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